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CENTRAL FAX CENTER

FEB 16 2005

## Fax Transmittal

DATE: February 16, 2005

Total Pages Including Cover: 15

TO: Examiner Cindy Nguyen  
Art Unit: 2171

Company: USPTO

Fax #: 703-872-9306

Phone #: 703-305-4698

Application  
Serial No. 09/804,034

Docket #: US010383

FROM: Michael J. Balconi-Lamica  
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Should you have any problems with this transmittal, please call: 512-461-2624

## MESSAGE: EXPEDITED PROCEDURE

Please deliver to Examiner Cindy Nguyen (Art Unit: 2171) Mail Stop AF

Examiner Nguyen:

Attached for filing are the following documents:

1. Transmittal Form;
2. Fee Transmittal Form; and
3. Response to FINAL Office Action.

Entry of this paper in the above-identified application is courteously solicited. Any questions regarding this matter should be directed to the undersigned.

  
Michael J. Balconi-Lamica

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PTO/SB/21 (09-04)

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|  |                      |                        |  |
|--|----------------------|------------------------|--|
| <b>TRANSMITTAL<br/>FORM</b><br><br><small>(to be used for all correspondence after initial filing)</small> | Application Number   | 09/804,034             | <b>RECEIVED</b><br><br><b>CENTRAL FAX CENTER</b><br><br><b>FEB 16 2005</b> |
|  | Filing Date          | March 13, 2001         |  |
|  | First Named Inventor | James A. Johnston      |  |
|  | Art Unit             | 2171                   |  |
|  | Examiner Name        | Cindy Nguyen           |  |
| Total Number of Pages in This Submission   | 15                   | Attorney Docket Number | US010383   |

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks<br><br>EXPEDITED PROCEDURE<br><br>PLEASE deliver to Examiner Nguyen (Art Unit 2171). MAIL STOP AF  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT   |  |  |
| Firm Name  | MICHAEL J. BALCONI-LAMICA  |  |
| Signature  | <i>Michael J. Balconi-Lamica</i>   |  |
| Printed name   | MICHAEL J. BALCONI-LAMICA  |  |
| Date   | 2/16/05  | Reg. No. 34,291  |

| CERTIFICATE OF TRANSMISSION/MAILING   |                                  |              |
|---|----------------------------------|--------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |                                  |              |
| Signature   | <i>Michael J. Balconi-Lamica</i> |              |
| Typed or printed name   | MICHAEL J. BALCONI-LAMICA        | Date 2/16/05 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

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|   |  |  |  |
|---|--|--|--|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |  | <b>Complete if Known</b><br>Application Number 09/804,034<br>Filing Date March 13, 2001<br>First Named Inventor James A. Johnston<br>Examiner Name Cindy Nguyen<br>Art Unit 2171<br>Attorney Docket No. US010383 |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | <b>RECEIVED</b><br><b>CENTRAL FAX CENTER</b><br><b>FEB 16 2005</b>   |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00  |  |  |  |

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_  
☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | 0.00           |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | 0.00           |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | 0.00           |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | 0              |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | 0.00           |

**2. EXCESS CLAIM FEES**

| Fee Description  | Fee (\$)            | Small Entity Fee (\$) |
|--|---------------------|-----------------------|
| Each claim over 20 (including Reissues)                                | 50                  | 25                    |
| Each independent claim over 3 (including Reissues)                     | 200                 | 100                   |
| Multiple dependent claims  | 360                 | 180                   |
| <b>Total Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| 8 - 20 or HP = 0 x 50 = 0.00   |                     |                       |
| HP = highest number of total claims paid for, if greater than 20.      |                     |                       |
| <b>Indep. Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| 3 - 3 or HP = 0 x 200 = 0.00   |                     |                       |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                       |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fees Paid (\$) |
|--------------|--------------|--|----------|----------------|
| - 100 =      | / 50 =       | (round up to a whole number) x                   |          | 0.00           |

**4. OTHER FEE(S)**

|   |                |
|---|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | Fees Paid (\$) |
|   | 0.00           |
| Other (e.g., late filing surcharge):                            | 0.00           |

|   |   |                        |
|---|---|------------------------|
| <b>SUBMITTED BY</b>                         |   |                        |
| Signature <i>Michael J. Balconi-Lamica</i>  | Registration No. 34,291<br>(Attorney/Agent) | Telephone 512-461-2624 |
| Name (Print/Type) Michael J. Balconi-Lamica |   | Date 2/16/05           |

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FEB 16 2005

PATENT  
Docket No.: US010383  
Customer No. 000024737

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                            |   |                        |
|----------------------------|---|------------------------|
| In re application of:      | § |                        |
| James A. Johnston          | § | Confirmation No. 8839  |
|                            | § |                        |
| Serial No.: 09/804,034     | § | Group Art Unit: 2171   |
|                            | § |                        |
| Filed: March 13, 2001      | § | Examiner: Cindy Nguyen |
|                            | § |                        |
| For: AUTOMATIC DATA UPDATE | § |                        |

**RESPONSE AFTER FINAL**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Examiner:

In response to the Final Action mailed January 15, 2005, the following is being submitted for placing the application in *prima facie* condition of allowance. Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begin on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.